

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY PUBLIC

September 25, 2025

[REDACTED]  
RENEE STUCKICH  
[REDACTED]

RE: LYNN HAVEN PERSONAL CARE  
HOME  
119 WALNUT STREET, PO BOX 484  
BLACK LICK, PA, 15716  
LICENSE/COC#: 44516

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/21/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: LYNN HAVEN PERSONAL CARE HOME License #: 44516 License Expiration: 06/18/2025  
 Address: 119 WALNUT STREET, PO BOX 484, BLACK LICK, PA 15716  
 County: INDIANA Region: WESTERN

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: RENEE STUCKICH  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-1 Date: 07/26/2006 Issued By: Indiana County Planning

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 26 Waking Staff: 20

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 07/21/2025

**Inspection Dates and Department Representative**

07/21/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 36 Residents Served: 25  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 1  
 Number of Residents Who:  
 Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 21  
 Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 4  
 Have Mobility Need: 1 Have Physical Disability: 3

**Inspections / Reviews**

07/21/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/21/2025

09/08/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 09/24/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/15/2025

Inspections / Reviews (*continued*)

## 09/16/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/19/2025

## 09/25/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately 5:00 p.m. during dinner, resident [redacted] requested a second serving of lasagna from staff person A. Although other residents were given a second serving, staff person A refused to give resident [redacted] a second serving, called the resident a fat [redacted] who needed to be on a diet, and told the resident [redacted] did not need extra food due to [redacted] diagnosis of diabetes. Resident [redacted] and the staff member began arguing loudly in front of other residents and staff until the resident walked to [redacted] bedroom. Resident [redacted] indicated [redacted] was disrespected and embarrassed, this is [redacted] home, and [redacted] should not have to live in conditions where [redacted] is verbally abused by a caregiver who is supposed to be there to help [redacted]. Staff person B was present at the time of the incident; however, the home did not report the incident to the local Area Agency on Aging until [redacted] at 10:00 a.m.

Plan of Correction

Accept [redacted] - 09/16/2025)

All staff on 8/20/25 have been made aware and understand the reporting requirements. All staff are aware that they must immediately contact the local AAA when there is an abuse allegation. The training was provided by the administrator with a one on one refresher with each staff member. completed on 8/19/2025 and 8/20/2025 Each staff member signed a paper confirming their responsibilities should an abuse allegation arise. All staff including the administrator will adhere to the reporting requirements for the Older Adult Protective Servies Act. the administrator will weekly monitor any abuse allegations to ensure they are reported on time to AAA A documentation log will be kept

Proposed Overall Completion Date: 09/11/2025

Licensee's Proposed Overall Completion Date: 09/11/2025

Implemented [redacted] - 09/25/2025)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at approximately 5:00 p.m. during dinner, resident [redacted] requested a second serving of lasagna from staff person A. Although other residents were given a second serving, staff person A refused to give resident [redacted] a second serving, called the resident a fat [redacted] who needed to be on a diet, and told the resident [redacted] did not need extra food due to [redacted] diagnosis of diabetes. Resident [redacted] and the staff member began arguing loudly in front of other residents and staff until the resident walked to [redacted] bedroom. Resident [redacted] indicated [redacted] was disrespected and embarrassed, this is [redacted] home, and [redacted] should not have to live in conditions where [redacted] is verbally abused by a caregiver who is supposed to be there to help [redacted]. Staff person B was present at the time of the incident; however, the home did not report the incident to the Department until [redacted] at 10:00 a.m.

16c Written Incident Report (continued)

Plan of Correction

Accepted [redacted] - 09/16/2025)

All Staff was retrained on how to report to the department personal care home regional office & reminded of the personal care home complaint hotline as well that can be used for reporting abuse allegations. All Staff is aware all abuse allegations must be reported with in a 24 hour period. Each staff member signed a paper confirming their responsibilities should an abuse allegation arise. All staff including administration will adhere to the reporting requirements for the other adult protective services act. A Copy of this training was added to each employee file. The Administrator will review all incident, conditions and allegations of abuse weekly to ensure all allegations are reported to the department with in 24 hours documentation will be kept

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented [redacted] - 09/25/2025)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at approximately 5:00 p.m. during dinner, resident [redacted] requested a second serving of lasagna from staff person A. Although other residents were given a second serving, staff person A refused to give resident [redacted] a second serving, called the resident a fat [redacted] who needed to be on a diet, and told the resident [redacted] did not need extra food due to [redacted] diagnosis of diabetes. Resident [redacted] and the staff member began arguing loudly in front of other residents and staff until the resident walked to [redacted] bedroom. Resident [redacted] indicated [redacted] was disrespected and embarrassed, this is [redacted] home, and [redacted] should not have to live in conditions where [redacted] is verbally abused by a caregiver who is supposed to be there to help [redacted]

Plan of Correction

Accepted [redacted] - 09/16/2025)

All Staff was retrained on abuse and neglect policies and procedures. All new hires will be trained on abuse and neglect policies and procedures. All staff will be made aware that any form of abuse/neglect will not be tolerated and said staff will be terminated immediately. The Administrator will interview 3 residents regarding their care and treatment by staff. Documentation will be kept and reviewed at the quality management meetings residents will be interviewed once weekly for 1 month and then monthly for two additional months

Proposed Overall Completion Date: 09/15/2025

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented [redacted] 09/25/2025)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [redacted] initial medical evaluation, completed [redacted] does not indicate blood pressure and temperature. These sections of the form are blank.

Plan of Correction

Accept [redacted] - 09/16/2025)

Updated Medical evaluation was done on August 19,2025 for said resident. All other resident's medical evaluations were checked for completion by the Administrator and office assistant. checks were completed on 8/18/2025. Starting 9/1/2025 All future medical evaluations will be doubled checked by the administrator once being completed by the office assistant before placing in resident files to ensure all areas are completed.

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented [redacted] - 09/25/2025)

161c - Additional Portions

5. Requirements

2600.  
161.c. Additional portions of meals and beverages at mealtimes shall be available for the resident.

Description of Violation

On [redacted] at approximately 5:00 p.m. during dinner, resident [redacted] requested a second serving of lasagna from staff person A. Although other residents were given a second serving, staff person A refused to give resident [redacted] a second serving, called the resident a fat [redacted] who needed to be on a diet, and told the resident [redacted] did not need extra food due to [redacted] diagnosis of diabetes. Resident [redacted] and the staff member began arguing loudly in front of other residents and staff until the resident walked to [redacted] bedroom. Resident [redacted] indicated [redacted] was disrespected and embarrassed, this is [redacted] home, and [redacted] should not have to live in conditions where [redacted] is verbally abused by a caregiver who is supposed to be there to help [redacted]

Plan of Correction

Accept [redacted] 09/16/2025)

Staff members were reminded that residents are able and allowed to ask for seconds during every mealtime. Admin will follow up with 2 residents weekly for 1 month and then 3 residents monthly to make sure all staff is giving seconds to those who ask for it. these resident reviews will be gone over at the quality management meetings.

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented [redacted] - 09/25/2025)